| Waterpark Revised 2022 This test sheet is for original exam candidates only. Side 1: Please record each candidate's name and contact information accurately. | Date of birth | Prerequisites checker! | * Waterpark original | 7 Lifeguarding slides | * Lifequarripg in a second sec | * Lifeguarding ways 2 | Futries & removal | 8 Sprint challenge | G Object recovery | 4 Lifeguard communication | Positioning & rotation | Scanning & observation | Prevention & intervention | Specialized techniques | * Missing person | 11a* Mgmt. distressed or 22. | - | Mgmt: Spinal-injured viceing | # Mgmt: injured victim | Lifeguard situations: force | Result | |
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| Invoicing Information | | | | | | | | Instructor Information | | | | | | | | | | | | | | |
| Host name (Affiliate or Organization paying the exam fees) Telephone | | | | | | | _ | Instructor's name ID# | | | | | | | | | | | | | | |
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| Facility name (e.g., name of waterpark) Telephone | | | | | | | | | ntice's n | ame | | | | | | | | | ID | # | | |

| Waterpark Revised 2022 This test sheet is for original exam candidates only. Side 2: Please record each candidate's name and contact information accurately. | Date of birth | Prerequisites checked | Waterpark orientation 9 | * Lifeguarding slides | * Lifeguarding niver rides | * Lifeguarding ways 5.5.1 | Fortries & removals | es Sprint challenge | 6b* | 1 Lifeguard Communication | 8a | * 8k | * 8 | c* | 9* | Missing person | a Mgmt: distressed a s | $\overline{}$ | * Victim 3.3, 1101 - Oreathing | - | _ | Result |
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| Check this box if there are more candidates on the reverse side of this page. This test sheet is Page of Pages | | | | | | | ' | - Satisfactory Performance X - Fail Total Pass for Exam Total Fail for Exam | | | | | | | | | | | | | | |
| Please complete all sections on Side 1 of test sheet. Host, exam information a Invoicing Information | | | | | | | \top | and examiner sections must be completed on both sides 1 and 2 of the test sheet. Individual who examined the candidates Same as Side 1 (sign below) or | | | | | | | | | | | | | | |
| Host name (Affiliate or Organization paying the exam fees) | | | | | | | | Examiner's name ID# | | | | | | | | | | | | | | |
| Exam Information | | | | | | | | E-mail address | | | | | | | | | | | | | | |
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